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STUART POLICE DEPARTMENT INCIDENT REPORT

ORIGINAL

INCIDENT INFORMATION			
Case Number: 19-06050	Offense: HOMICIDE		
Offense Date: 05/26/2019	0015	to 05/26/2019	Juvenile Involved: <input type="checkbox"/>
Place:	Inc. Location:		Zone: 03
Forced Entry: N/A	Struct. Occupied: N/A		Location Type: PARK/WOODS/FIELD
Weapon Type: HANDGUN		# Offense	# Victims
# Prem. Entered:		# Veh Stolen:	Report Entered By: JL

OFFENSE INFORMATION			
Offense 1			
HOMICIDE	FELONY	Statute: 782.04 (CIS:090A) COMMITTED	Drug Related: UNKNOWN UNKNOW
Agg. Assault: N/A			Alcohol Related: N
Drug Activity: N/A	Drug Type: N/A	Quantity: 0	
Drug Unit:		Drug Value: 0	
Offense 2			
Agg. Assault: N/A	Drug Type: N/A	Statute: (CIS:0000)	Drug Related: UNKNOWN Alcohol Related: UNKNOWN
Drug Activity: N/A			Quantity: 0
Drug Unit:		Drug Value: 0	

CLEARANCE INFORMATION			
Clearance Type:			
Exception Type:	Cleared:	Adult/Juv.	#Arrests:
METHODS OF OPERATION			

Officer: Isham, Matthew	ID Number: 166	Approval/Date:
Supervisor Approval/Date:		

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NAME INFORMATION - VICTIM/WITNESS/COMPLAINANT/OTHER (19-06050)

VICTIM	Name	Age
SSN: REDACTED	Driver's License Nbr	DL State: FL
Employer:	Emp Phone: ()	
Address	Home Phone: ()	
Resid. Category:	VICTIM of OFFENSE 1	
Vic Typ	Offender Relationship:	Domestic Violence: N/A
Injury Extent	1 st Inj. Type: GUNSHOT	2 nd Inj. Type:

NAME INFORMATION - VICTIM/WITNESS/COMPLAINANT/OTHER (19-06050)

	Name	
SSN: REDACTED	Driver's License Nl	DL State: FL
Employer:	Emp Phone: ()	
Address	Home Phone: ()	
Resid. Category:	WITNESS of OFFENSE 1	
Vic Type:	Offender Relationship:	Domestic Violence:
Injury Extent:	1 st Inj. Type:	2 nd Inj. Type:

NAME INFORMATION - VICTIM/WITNESS/COMPLAINANT/OTHER (19-06050)

WITNESS	02	Name	Age
SSN: REDACTED	Driver's License Nbr: V451421954190		DL State: FL
Employer:	Emp Phone: ()		
Address	Home Phone: ()		
Resid. Category:	WITNESS of OFFENSE 1		
Vic Type:	Offender Relationship:	Domestic Violence:	
Injury Extent:	1 st Inj. Type:	2 nd Inj. Type:	

NAME INFORMATION - VICTIM/WITNESS/COMPLAINANT/OTHER (19-06050)

OTHER	01	Name:	Age
SSN: REDACTED	Driver's License Nb		DL State
Employer:	Emp Phone: ()		
Address	Home Phone: ()		
Resid. Category:			
Vic Type:	Offender Relationship:	Domestic Violence:	
Injury Extent:	1 st Inj. Type:	2 nd Inj. Type:	

NAME INFORMATION - VICTIM/WITNESS/COMPLAINANT/OTHER (19-06050)

	Name	//	Age:
SSN: REDACTED	Driver's License Nbr:	DL State:	
Employer:	Emp Phone: ()		
Address	Home Phone: ()		

Resid. Category:	OTHER of OFFENSE 1		
Vic Type:	Offender Relationship:	Domestic Violence:	
Injury Extent:	1 st Inj. Type:	2 nd Inj. Type:	

NAME INFORMATION - VICTIM/WITNESS/COMPLAINANT/OTHER (19-06050)

OTHER	03	Name:	//	Age:
SSN: REDACTED	Driver's License Nbr:			DL State:
Employer				Emp Phone: ()
Address..				Home Phone: ()
Resid. Category:	OTHER of OFFENSE 1			
Vic Type:	Offender Relationship:	Domestic Violence:		
Injury Extent:	1 st Inj. Type:	2 nd Inj. Type:		

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NAME INFORMATION - SUSPECT/MISSING PERSON (19-06050)										
SUSPECT	01	Name _____ ,			Age: _____					
SSN: REDACTED			Driver's License Nbr: _____			DL State: _____				
Employer/School: _____					Emp/Sch Phone: (_____)					
Address: _____					Home Phone: (_____)					
Scars: _____					Clothing _____			Hgt: _____	Wgt: _____	
Eyes:	Hair:	Length:	Style: _____		Facial: _____					
Build: _____			Teeth: _____	Speech: _____		Special: _____		Veh. Type: _____		
Veh. Year:	Make:	Model:	Style: _____		Color: _____		Tag: _____	State: _____		
Missing Type: _____			Foul Play: _____	Prev Missing: _____		Prints Avail: _____		Photo: _____		
Dental:	Last Seen: _____ at _____		Condition: _____							
Destination: _____			Medications: _____			Recovery Type: _____				

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PROPERTY INFORMATION (19-06050)

Prop Type:	Item #: 01	Status: -----
Damage:	Qty: 01	Item Name: COMPUTER
Brand:	Model:	Serial:
Description:	Stolen Value:	
Recovered Value:	Date Recovered:	Belongs To: 01

PROPERTY INFORMATION (19-06050)

Prop Type:	Item #: 02	Status: -----
Damage:	Qty: 01	Item Name: COMPUTER
Brand:	Model:	Serial:
Description:	Stolen Value:	
Recovered Value:	Date Recovered:	Belongs To: 01

PROPERTY INFORMATION (19-06050)

Prop Type:	Item #: 03	Status: -----
Damage:	Qty: 01	Item Name: COMPUTER
Brand:	Model:	Serial:
Description:	Stolen Value:	
Recovered Value:	Date Recovered:	Belongs To: VICTIM 01

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Officer: Isham, Matthew	ID Number: 166	Approval/Date:
Supervisor Approval/Date:		